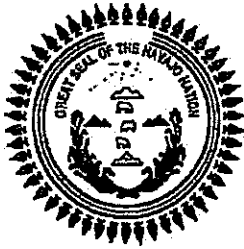


Low Mtn Chp Elderly  
Bathroom  
Makeover/Modification  
Project



**NAVAJO NATION DEPARTMENT OF JUSTICE  
OFFICE OF THE ATTORNEY GENERAL**

DOREEN N. MCPAUL  
Attorney General

KIMBERLY A. DUTCHER  
Deputy Attorney General

**DEPARTMENT OF JUSTICE  
INITIAL ELIGIBILITY DETERMINATION  
FOR NAVAJO NATION FISCAL RECOVERY FUNDS**

RFS/HK Review #: HK0333

Date & Time Received: 12/16/22 14:32

Date & Time of Response: 12/22/22 10:00 p.m.

Entity Requesting FRF: Low Mountain Chapter

Title of Project: Elderly Bathroom Make-Over/Modification Project

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$81,000

**Eligibility Determination:**

- FRF eligible  
 FRF ineligible  
 Additional information requested

**FRF Eligibility Category:**

- (1) Public Health and Economic Impact       (2) Premium Pay  
 (3) Government Services/Lost Revenue       (4) Water, Sewer, Broadband Infrastructure

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

U.S. Department of Treasury Reporting Expenditure Category: 1:14 (Other Public Health Services)

Returned for the following reasons (Ineligibility Reasons / Paragraphs 5. E. (1) - (10) of FRF Procedures):

- |  |  |
|--|--|
| <input type="checkbox"/> Missing Form  | <input type="checkbox"/> Expenditure Plan incomplete                     |
| <input type="checkbox"/> Supporting documentation missing  | <input type="checkbox"/> Funds will not be obligated by 12/31/2024       |
| <input type="checkbox"/> Project will not be completed by 12/31/2026                                     | <input type="checkbox"/> Incorrect Signatory                             |
| <input type="checkbox"/> Ineligible purpose  | <input type="checkbox"/> Inconsistent with applicable NN or federal laws |
| <input type="checkbox"/> Submitter failed to timely submit CARES reports                                 |  |
| <input type="checkbox"/> Additional information submitted is insufficient to make a proper determination |  |

Name of DOJ Reviewer: Kristen A. Lowell

Signature of DOJ Reviewer: 

Disclaimers: An NNDOJ Initial Eligibility Determination will be based on the documents provided, which NNDOJ will assume are true, correct, and complete. Should the Project or Program change in any material way after the initial determination, the requestor must seek the advice of NNDOJ. An initial determination is limited to review of the Project or Program as it relates to whether the Project or Program is a legally allowable use – it does not serve as an opinion as to whether or not the Project or Program should be funded, nor does it serve as an opinion as to whether or not the amount requested is reasonable or accurate.

**THE NAVAJO NATION  
FISCAL RECOVERY FUNDS REQUEST FORM & EXPENDITURE PLAN  
FOR NON-GOVERNANCE CERTIFIED CHAPTERS**

**Part 1. Identification of parties.**

Non-Governance Certified Chapter requesting FRF: Low Mountain Chapter Data prepared: 10/26/2022

Chapter's mailing address: PO Box 4416 phone/email: (928) 725-9700 / lowmountain@navajochapters.org  
Blue Gap, AZ. 86520 website (if any): http://lowmountain.nndes.org

This Form prepared by: Mareita Denny, Project Manager. phone/email: (505) 879-3001 / mareitadenny@yahoo.com  
Roger George, Chapter Vice President. (928) 401-1935 / rgeorge@naataani.org  
*CONTACT PERSON'S name and title CONTACT PERSON'S job*

Title and type of Project: Elderly Bathroom Make-Over/ Modification Project

Chapter President: Ben L. Gonnle phone & email: (928) 313-8726 / m63563883@gmail.com  
 Chapter Vice-President: Roger B. George phone & email: (928) 401-1935 / rgeorge@naataani.org  
 Chapter Secretary: Rose A. Charley phone & email: (928) 386-3511 / girlyazzie1947@hotmail.com  
 Chapter Treasurer: Rose A. Charley phone & email: (928) 386-3511 / girlyazzie1947@hotmail.com  
 Chapter Manager or CSC: Ella Nelson, AMS / Acting CSC phone & email: (928) 814-7122 / enelson@navajochapters.org  
 DCD/Chapter ASO: Robert Jumbo, ASO - ASC / DCD phone & email: rjumbo@nndcd.org

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): Local skilled manpower temporary employees  
 Skilled local manpower available but on other jobs and/or contract out.  document attached

Amount of FRF requested: \$81,000.00 FRF funding period: January 1, 2023-December 31, 2026  
*Indicate Project starting and ending timeline date*

**Part 2. Expenditure Plan details.**

(a) Describe the Program(s) and/or Project(s) to be funded, including how the funds will be used, for what purposes, the location(s) to be served, and what COVID-related needs will be addressed:

**\*Elderly Bathroom Make-Over/ Modification Project:** Fifty-Four (54) community elderly clientele assessed in dire need for a Bathroom Make-Over/ Modification Projects.

In today's modern times, bathroom accessibility and mobility maybe more fully functional for younger age users but are not safe for elderly or disabled individuals or family members and a handicap bathroom environment features is vital for people that are diagnosed with chronic physical conditions that causes mobility issues and Chapter home renovation project needs to be done so the elderly and those with physical condition users can safely move around their homes and their bathroom features handicap accessibility. The Chapter in their elderly bathroom modification projects needs to know what changes needs to be made to creating a more accessible, safe and decent bathroom design for the elderly and physically handicapped individuals and family members, therefore, planning an accessible bathroom design will be important prior to beginning the bathroom modification projects. Some areas of Chapter considerations to accomplish the bathroom modification projects to be a success are as follows, wheelchair accessibility, functionality and interior design consideration, a budget and cost for the modification project, safety features as grab bars near toilets and shower stalls, curb-less shower stalls as accessibility feature and the modification projects being a newly established community project is considered a valuable community project.

ARPA funds will be used for materials and labor. The project will go to the assistance for the elderly to have an ease-of-use bathroom, ranging from those of disrepair to those that do without a bathroom. Will aid the elderly with the capabilities to better help with COVID-19 mitigation.  document attached

(b) Explain how the Program or Project will benefit the Navajo Nation, Navajo communities, or the Navajo People:

This project will benefit the elderly by providing safety and comfort at home, improving the physical/mental well-being, burn fall prevention, and use of care for caregivers.

The LMC Community Health Representative's (CHR) assessments and referral for walk-in shower (and/or Ramp) bathroom renovations benefiting the elderly clientele is strongly supported by the CHR. I strongly feel they are in dire need of this renovation to prevent from any injury and to have a healthy lifestyle and safe environment in their homes and this renovation would be a great deal due to their age, weakness and again, to prevent any falls and this project would be good for their well-being. In this proposed Bathroom Modification projects, we are reviewing a proposal for a bathroom renovation takes that by the clients request wants their bathtub removed for safety reasons and a walk-in shower constructed and installed and in some cases, a complete makeover may need to be afforded some clients based on the size of their Bathroom facilities to include, a small new cabinet, flooring, new sinks, toilet bowls and fixtures and may include moving plumbing lines and electrical sockets and cabinet installations and wiring.  document attached

(c) Provide a prospective timeline showing the estimated date of completion of the Project and/or each phase of the Project. Disclose any challenges that may prevent you from incurring costs for all funding by December 31, 2024 and/or fully expending funds and completing the

**APPENDIX A**

Program(s) or Project(s) by December 31, 2028:

Fully expend funds and complete the projects by December 31st, 2026.

document attached

(d) Identify who will be responsible for implementing the Program or Project:

Chapter administration in coordination with chapter officials. Project Manager and/or planner.

document attached

(e) Explain who will be responsible for operations and maintenance costs for the Project once completed, and how such costs will be funded prospectively:

Those selected elderly project recipients and family members as home ownerships to be responsible for operations and maintenance costs after project completion. Outside Navajo Nation Funding or grants can be proposed as support for the project.

document attached

(f) State which of the 68 Fiscal Recovery Fund expenditure categories in the attached U.S. Department of the Treasury Appendix 1 listing the proposed Program or Project falls under, and explain the reason why:

3.13 Under this category, because bathrooms are an important support necessity for cleanliness, especially for the community elderly memberships and safety.

document attached

**Part 3. Additional documents.**

List here all additional supporting documents attached to this FRF Expenditure Plan (or indicate N/A):

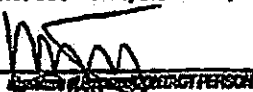
- 1. Documents
- 2. Support Letters
- 3. Memorandum
- 4. Other Documents

Chapter Resolution attached

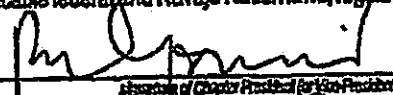
**Part 4. Affirmation by Funding Recipient.**

Funding Recipient affirms that its receipt of Fiscal Recovery Funds and the implementation of this FRF Expenditure Plan shall be in accordance with Resolution No. CJY-41-2T, the ARPA, ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies:

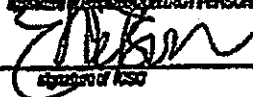
Chapter's Preparer:

  
Signature of Chapter Preparer

Approved by:

  
Signature of Chapter President (or Vice-President)

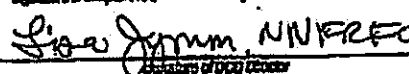
Approved by:

  
Signature of ASO

Approved by:

 12/12/2022  
Signature of Chapter ASO

Approved to submit for Review:

 NNFREO  
Signature of UCO Director

THE NAVAJO NATION  
PROGRAM BUDGET SUMMARY

FY 2023

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| PART I. Budget Unit No.: <u>New</u>                 |  | Program Title: <u>LOW MOUNTAIN CHAPTER</u> |  | DCO/Executive: <u>Division/ Branch</u>              |  |
| Prepared By: <u>MARRETTA DENNY, Project Manager</u> |  | Phone No.: <u>505-725-3700</u>             |  | Email Address: <u>lowmountain@navajonations.org</u> |  |
| Fiscal Year Term: <u>11/23 - 12/24</u>              |  | Amount: <u>81,000.00</u>                   |  | % of Total: <u>100%</u>                             |  |
| PART II. FUNDING SOURCE(S)                          |  | PART III. BUDGET SUMMARY                   |  | Fund Type Code                                      |  |
| ANARPA FUNDS  |  | 2001 Personnel Expenses                    |  | 2001  |  |
|   |  | 3000 Travel Expenses                       |  | 3000  |  |
|   |  | 3600 Meeting Expenses                      |  | 3600  |  |
|   |  | 4000 Supplies                              |  | 4000  |  |
|   |  | 5000 Lease and Rental                      |  | 5000  |  |
|   |  | 5600 Communications and Utilities          |  | 5600  |  |
|   |  | 6000 Repairs and Maintenance               |  | 6000  |  |
|   |  | 6500 Contractual Services                  |  | 6500  |  |
|   |  | 7000 Special Transactions                  |  | 7000  |  |
|   |  | 8000 Public Assistance                     |  | 8000  |  |
|   |  | 9000 Capital Outlay                        |  | 9000  |  |
|   |  | 9500 Matching Funds                        |  | 9500  |  |
|   |  | 9900 Indirect Cost                         |  | 9900  |  |
| TOTAL: \$81,000.00                                  |  | TOTAL                                      |  | TOTAL   |  |
|   |  | PART IV. POSITIONS AND VEHICLES            |  | PART V. POSITIONS AND VEHICLES                      |  |
|   |  | Total # of Positions Budgeted:             |  | Total # of Positions Budgeted:                      |  |
|   |  | 0  |  | 0   |  |
|   |  | Total # of Vehicles Budgeted:              |  | Total # of Vehicles Budgeted:                       |  |
|   |  | 0  |  | 0   |  |
|   |  | 81,000.00                                  |  | 81,000.00   |  |
|   |  | 81,000.00                                  |  | 81,000.00   |  |
|   |  | 81,000.00                                  |  | 81,000.00   |  |

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

SUBMITTED BY: Sanabata Jan-Maria 12/12/2022  
 Program Manager's Printed Name  
Jan-Maria Sanabata  
 Program Manager's Signature and Date

APPROVED BY: Dr. Pearl Yellowman  
 Division Director / Branch Chief's Printed Name  
Pearl Yellowman 12.12.22  
 Division Director / Branch Chief's Signature and Date

2-10-23  
 James Adakai, Deputy Director

2/10/2023  
 Calvin Castillo, Executive Director

1.15 2/14/23

THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIA

FY 2023

| <b>PART I. PROGRAM INFORMATION:</b>  | Business Unit No.: <u>Now</u>   | Program Name/Title: <u>Bedroom</u> | LOW MOUNTAIN CHAPTER |        |   |   |      |         |  |         |  |         |  |      |        |      |        |      |        |      |        |  |  |  |  |    |  |  |  |    |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|--|---|------------------------------------|----------------------|--------|---|---|------|---------|--|---------|--|---------|--|------|--------|------|--------|------|--------|------|--------|--|--|--|--|----|--|--|--|----|---|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|
| <b>PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:</b>  |   |                                    |                      |        |   |   |      |         |  |         |  |         |  |      |        |      |        |      |        |      |        |  |  |  |  |    |  |  |  |    |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <b>PART III. PROGRAM PERFORMANCE CRITERIA:</b>   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">1st QTR</th> <th colspan="2">2nd QTR</th> <th colspan="2">3rd QTR</th> <th colspan="2">4th QTR</th> </tr> <tr> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>1. Goal Statement:<br/><u>Assist community members with Bedroom Modifications.</u><br/>Program Performance Measure/Objective:<br/><u>Assist 27-Elders with Bedroom Modifications.</u></td> <td></td><td></td><td></td><td>13</td><td></td><td></td><td></td><td>14</td> </tr> <tr> <td>2. Goal Statement:<br/><u>Program Performance Measure/Objective:</u></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>3. Goal Statement:<br/><u>Program Performance Measure/Objective:</u></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>4. Goal Statement:<br/><u>Program Performance Measure/Objective:</u></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>5. Goal Statement:<br/><u>Program Performance Measure/Objective:</u></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table> |                                    |                      |        |   | 1st QTR   |      | 2nd QTR |  | 3rd QTR |  | 4th QTR |  | Goal | Actual | Goal | Actual | Goal | Actual | Goal | Actual | 1. Goal Statement:<br><u>Assist community members with Bedroom Modifications.</u><br>Program Performance Measure/Objective:<br><u>Assist 27-Elders with Bedroom Modifications.</u> |  |  |  | 13 |  |  |  | 14 | 2. Goal Statement:<br><u>Program Performance Measure/Objective:</u> |  |  |  |  |  |  |  |  | 3. Goal Statement:<br><u>Program Performance Measure/Objective:</u> |  |  |  |  |  |  |  |  | 4. Goal Statement:<br><u>Program Performance Measure/Objective:</u> |  |  |  |  |  |  |  |  | 5. Goal Statement:<br><u>Program Performance Measure/Objective:</u> |  |  |  |  |  |  |  |  |
|  | 1st QTR   |                                    | 2nd QTR              |        |   | 3rd QTR   |      | 4th QTR |  |         |  |         |  |      |        |      |        |      |        |      |        |  |  |  |  |    |  |  |  |    |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | Goal  | Actual                             | Goal                 | Actual | Goal  | Actual  | Goal | Actual  |  |         |  |         |  |      |        |      |        |      |        |      |        |  |  |  |  |    |  |  |  |    |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| 1. Goal Statement:<br><u>Assist community members with Bedroom Modifications.</u><br>Program Performance Measure/Objective:<br><u>Assist 27-Elders with Bedroom Modifications.</u> |   |                                    |                      | 13     |   |   |      | 14      |  |         |  |         |  |      |        |      |        |      |        |      |        |  |  |  |  |    |  |  |  |    |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| 2. Goal Statement:<br><u>Program Performance Measure/Objective:</u>  |   |                                    |                      |        |   |   |      |         |  |         |  |         |  |      |        |      |        |      |        |      |        |  |  |  |  |    |  |  |  |    |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| 3. Goal Statement:<br><u>Program Performance Measure/Objective:</u>  |   |                                    |                      |        |   |   |      |         |  |         |  |         |  |      |        |      |        |      |        |      |        |  |  |  |  |    |  |  |  |    |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| 4. Goal Statement:<br><u>Program Performance Measure/Objective:</u>  |   |                                    |                      |        |   |   |      |         |  |         |  |         |  |      |        |      |        |      |        |      |        |  |  |  |  |    |  |  |  |    |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| 5. Goal Statement:<br><u>Program Performance Measure/Objective:</u>  |   |                                    |                      |        |   |   |      |         |  |         |  |         |  |      |        |      |        |      |        |      |        |  |  |  |  |    |  |  |  |    |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <b>PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.</b>  | <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <u>James Adakai</u><br/>                     Program Manager's Printed Name<br/>                     12/12/2022<br/>                     Program Manager's Signature and Date                 </td> <td style="width:50%; vertical-align: top;"> <u>Dr. Pearl Yellessen</u><br/>                     Division Director/Branch Chief's Printed Name<br/> <u>Pearl Yellessen 12.13.22</u><br/>                     Division Director/Branch Chief's Signature and Date                 </td> </tr> </table>   |                                    |                      |        | <u>James Adakai</u><br>Program Manager's Printed Name<br>12/12/2022<br>Program Manager's Signature and Date | <u>Dr. Pearl Yellessen</u><br>Division Director/Branch Chief's Printed Name<br><u>Pearl Yellessen 12.13.22</u><br>Division Director/Branch Chief's Signature and Date |      |         |  |         |  |         |  |      |        |      |        |      |        |      |        |  |  |  |  |    |  |  |  |    |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <u>James Adakai</u><br>Program Manager's Printed Name<br>12/12/2022<br>Program Manager's Signature and Date  | <u>Dr. Pearl Yellessen</u><br>Division Director/Branch Chief's Printed Name<br><u>Pearl Yellessen 12.13.22</u><br>Division Director/Branch Chief's Signature and Date   |                                    |                      |        |   |   |      |         |  |         |  |         |  |      |        |      |        |      |        |      |        |  |  |  |  |    |  |  |  |    |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |

2-10-23  
 James Adakai, Deputy Director  
 Calvin Castillo, Executive Director  
 r.rj d/b/s

FY 2023

THE NAVAJO NATION  
DETAILED BUDGET AND JUSTIFICATION

Page 3 of 3  
BUDGET FORM 4

PART I. PROGRAM INFORMATION:

Program Name/Title: \_\_\_\_\_

LOW MOUNTAIN CHAPTER

*Bathroom Project*

Business Unit No.: \_\_\_\_\_

*New*

PART II. DETAILED BUDGET:

(A)

(B)

(C)

(D)

Object Description and Justification (LOD 7)

|  | Total by DETAILED Object Code (LOD 6) | Total by MAJOR Object Code (LOD 4) |
|--|---------------------------------------|------------------------------------|
|--|---------------------------------------|------------------------------------|

8500

Infrastructure - (non-cap)

8535 - Bathroom Addition: Assst 27-Elderlies with Bathroom Modification @ \$3,000.00 each = 81,000.00.

81,000.00

81,000.00

TOTAL

81,000.00

81,000.00

*copy slides*



THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE

**PART I.** Business Unit No.: NEW

Project Title: Low Mountain Chapter Elderly Bathroom Makeover Project

Project Description: Renovate elderly's bathroom for better sanitized facility against COVID-19 virus

Check one box:  Original Budget  Budget Revision  Budget Reallocation  Budget Modification

**PART II.** Project Information

Project Type: Elderly Bathroom Makeover

Planned Start Date: 01/01/2023

Planned End Date: 12/31/2026

Project Manager: Maretha Denny

**PART III.** List Project Task separately, such as Plan, Design, Construct, Equip or Furnish.

**PART IV.** Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.

|  | FY 2023  |              |          |          | FY 2024  |          |          |          | Expected Completion Date if project exceeds 8 FY Qtrs. |
|--|----------|--------------|----------|----------|----------|----------|----------|----------|--|
|  | 1st Qtr. | 2nd Qtr.     | 3rd Qtr. | 4th Qtr. | 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr. |  |
| 1) Assessment/Eligibility<br>- Identify ADA Compliance   |          | X            | X        |          |          |          |          |          |  |
| 2) Scope of Work<br>- Clientele List   |          | X            | X        |          |          |          |          |          |  |
| 3) Material Estimate List<br>- Material Cost Estimate<br>- Purchases Materials/Delivery<br>- Inventory Materials |          |              | X        | X        |          |          |          |          |  |
| 4) Construction<br>- Inspection by Phase   |          |              |          | X        | X        |          |          |          |  |
| 5) Completion<br>- Final Inspection  |          |              |          |          | X        | X        |          |          | X  |
| 6) Close Out<br>- Compile Reports/Expenditure for records  |          |              |          |          |          |          |          | X        | X  |
| <b>PART V.</b> Expected Quarterly Expenditures   | \$ 0.00  | \$ 81,000.00 | \$ 0.00  | \$ 0.00  | \$ 0.00  | \$ 0.00  | \$ 0.00  | \$ 0.00  | <b>PROJECT TOTAL</b><br>\$81,000.00                    |

FOR OMB USE ONLY: Resolution No: \_\_\_\_\_ FMIS Set Up Date: \_\_\_\_\_ Company No: \_\_\_\_\_ OMB Analyst: \_\_\_\_\_

RESOLUTION OF THE (LMC)  
LOW MOUNTAIN CHAPTER  
NAVAJO NATION GOVERNMENT

SUPPORTING RESOLUTION REQUESTING THE NAVAJO NATION TO FUND THE LOW MOUNTAIN CHAPTER IN THE AMOUNT OF \$81,000.00 FROM THE NAVAJO NATION FISCAL RECOVERY FUNDS REQUEST AND EXPENDITURE PLANS AS AUTHORIZED BY THE AMERICAN RESCUE PLAN ACT (ARPA) FOR THE LOW MOUNTAIN CHAPTER ELDERLY BATHROOM MAKE-OVER/MODIFICATION PROJECT.

WHEREAS:

1. Pursuant to Title 26 N.M.C., § 3 (A) and as listed pursuant to Title 11 N.M.C., Part 1 § 10 the LMC is a duly recognized certified Chapter of the Navajo Nation government and as such may preserve or promote community interests; AND,

2. Pursuant to Title 26 N.M.C., § 1 (b) the LMC is a duly certified Chapter of the Navajo Nation government and recognized as a local tribal entity vested with the authority to review all matters affecting the community and to make appropriate recommendations to the Navajo Nation concerning matters that are in the best interest of the community; AND,

3. The ARPA funds will go to the assistance for the elderly to have an ease-of-use during their bathroom visit and this project to benefit the elderly by providing safety and comfort at home and improving the physical and mental well-being, fall prevention and aid the use of ease for the Caregivers; AND,

4. The Community Health Representative's (CHR) assessments and referral for walk-in shower (and/or ramp) bathroom renovations benefiting the elderly clientele are strongly recommended and supported by the CHR. I strongly feel they are in dire need for this renovation to prevent them from injuries and to have a healthy lifestyle and safe environment in their homes and these renovations would be a great deal due to their age, weakness and again, to prevent any accidental falls and this project would be most good for their well-being.

NOW, THEREFORE BE IT RESOLVED, THAT:

1. Supporting Resolution Requesting The Navajo Nation To Fund The Low Mountain Chapter In The Amount Of \$81,000.00 From The Navajo Nation Fiscal Recovery Funds Request And Expenditure Plans As Authorized By The American Rescue Plan Act ARPA For The Low Mountain Chapter Elderly Bathroom Make-Over/Modification Project.

Motion By: John Peltin

Second By: Sullivan John

C-E-R-T-I-F-I-C-A-T-I-O-N

We hereby certify that the foregoing Chapter resolution was duly considered by the Low Mountain Chapter at a duly-called Chapter meeting at Low Mountain Chapter, Low Mountain (Navajo Nation), Arizona, at which a quorum was present and that the same was passed by a vote of 11 in favor, 0 opposed, 0 abstained on this 10 day of Nov., 2022.

Ben L. Gonnle Chapter President  
Roger B. George Chapter Vice President

Rose Ann Charley Chapter Secretary/Treasurer